

In re the ☐ Marriage ☐ Paternity of _____:
(initials)

Financial Disclosure Statement Wife/Mother

Petitioner/Joint Petitioner

and

Respondent /Joint Petitioner

Case # _____

Wife/Mother Name: _____

Address: _____

Soc. Sec. No. _____

Occupation: _____

Employer: _____

Birth date: _____

Husband/Father Name: _____

Address: _____

Soc. Sec. No. _____

Occupation: _____

Employer: _____

Birth date: _____

FAILURE BY EITHER PARTY TO COMPLETE, PRESENT, AND FILE THIS FORM AS REQUIRED WILL AUTHORIZE THE COURT OR HEARING OFFICER TO ACCEPT THE STATEMENT OF THE OTHER PARTY AS THE BASIS FOR ITS DECISION. ANY FALSE STATEMENT MADE HEREON SHALL SUBJECT YOU TO THE PENALTY FOR PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE COURT.

I. Statement of Income, Expenses, Assets and Liabilities

Attach copies of State and Federal Income **Tax Returns** for last two taxable years and **wage statements** from your employer for last 12 weeks.

A. Calculation of Net Monthly Income

1. Gross monthly income from salary and wages including commissions, bonuses, allowances, and overtime. **How often are you paid?** (circle one) [Weekly, Bi-Weekly, Semi-monthly, Monthly] (NOTE: To calculate monthly income if paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply bi-weekly income by 2.15.)

2. Pensions and retirement

3. Social Security and/or SSI

4. Disability and unemployment insurance

5. Public Assistance (welfare, W-2, Food Stamps, etc)

6. Child Support from any prior marriage/relationship

7. Dividends and interest

8. Rents (for property you rent to others)

9. All other sources: (please specify) _____

10. _____

11. _____

12. _____

TOTAL Gross Monthly Income (add lines 1 through 12)

Wife/Mother

For Court Use Only

1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9.	\$ _____	\$ _____
10.	\$ _____	\$ _____
11.	\$ _____	\$ _____
12.	\$ _____	\$ _____
	\$ _____	\$ _____

B. Calculation of Monthly Deductions

1. Federal Income Tax

2. State Income Tax

3. Number of exemptions taken

4. Social Security/Medicare

5. Medical or other insurance (describe fully) _____

6. _____

7. _____

8. Union and/or other dues

9. Retirement (Pension, 401K, or deferred compensation)

10. Savings Plan

11. Credit union

12. Other (please specify) _____

13. _____

TOTAL Monthly Deductions (add line 1 through 13)

Wife/Mother

For Court Use Only

1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	_____	_____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9.	\$ _____	\$ _____
10.	\$ _____	\$ _____
11.	\$ _____	\$ _____
12.	\$ _____	\$ _____
13.	\$ _____	\$ _____
	\$ _____	\$ _____

C. Net Monthly Income (take home pay)

(subtract **Monthly Deductions** from **Gross Monthly Income**)

Wife/Mother

For Court Use Only

\$ _____ \$ _____

II. Debts and Obligations (if not enough space, insert total and attach schedule)

Creditor's Name	To pay for what	Date Payable	Balance	Monthly Payment
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____
7. _____	_____	_____	\$ _____	\$ _____
8. _____	_____	_____	\$ _____	\$ _____
9. _____	_____	_____	\$ _____	\$ _____
TOTAL			\$ _____	\$ _____

III. Schedule of Assets If you do not have enough space to give complete information or listing, please attach an additional sheet.

List all property owned individually or jointly by you and/or your spouse. **If paternity**, you do not need to indicate who holds title to the property.

	Value	How much money, if any, do you still owe on the property	Who holds Title? (H) Husband, (W) Wife, (B) Both
1. Household furnishings, furniture, appliances and equipment	\$ _____	\$ _____	H W B
2. Automobile (year-make-model)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
3. Securities (stocks, bonds)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
4. Cash and Deposit Accounts (All types of savings and checking accounts)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
5. Other Personal Property and Assets (Specify)	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B
_____	\$ _____	\$ _____	H W B

6. Life Insurance	Policy Number	Face Amount	Cash Value, Accumulated Dividend, or loan amount	
Name of Company		\$ _____	\$ _____	H W B
7. Retirement/Savings (Print name of company and type of account below)		Value of interest and amount presently vested		
(Type--Profit Sharing, Pension, Retirement Accounts, 401 K, IRA -Regular, Roth, Education, etc.)		\$ _____		H W B
_____		\$ _____		H W B
_____		\$ _____		H W B
_____		\$ _____		H W B

8. Real Estate (If you own more than one property, attach additional sheet with identical information for each property)			
a. Address:	b. Type of Property (primary residence, vacation or income property, etc)	c. Year of Purchase	H W B
_____	_____	_____	
d. Original Cost	\$ _____	e. Cost of Additions	\$ _____
f. Total Cost	\$ _____	g. Mortgage Balance	\$ _____
h. Total Present Value	\$ _____	i. Basis of Valuation	_____
j. Equity	\$ _____	k. Home equity loans	\$ _____
l. Liens	\$ _____	m. Who holds the lien?	_____
n. Monthly Amortization	\$ _____	o. Taxes (20__ __):	\$ _____

p. Individual contributions _____

9. **Business Interests** (Indicate name, share, type of business, value less indebtedness)

IV. Total monthly expenses

List name and relationship of all members of the household whose expenses are included:

- | | |
|--|--------------|
| 1. Rent or mortgage payments (residence) | 1. \$ _____ |
| 2. Real estate property taxes (residence) | 2. \$ _____ |
| 3. Real estate property insurance (residence) | 3. \$ _____ |
| 4. Maintenance (home and household contents) | 4. \$ _____ |
| 5. Food and household supplies | 5. \$ _____ |
| 6. Utilities including water, electricity, gas, and heat | 6. \$ _____ |
| 7. Telephone | 7. \$ _____ |
| 8. Cable | 8. \$ _____ |
| 9. Internet Service | 9. \$ _____ |
| 10. Laundry and cleaning | 10. \$ _____ |
| 11. Clothing | 11. \$ _____ |
| 12. Medical | 12. \$ _____ |
| 13. Dental | 13. \$ _____ |
| 14. Insurance (life, health, accident, comprehensive, liability, disability)
(Excluding insurance that is paid for through payroll deduction) | 14. \$ _____ |
| 15. Child care | 15. \$ _____ |
| 16. Payment of child/spousal support from prior marriage/relationship | 16. \$ _____ |
| 17. School | 17. \$ _____ |
| 18. Entertainment (including clubs, social obligations, travel, recreation) | 18. \$ _____ |
| 19. Incidentals (grooming, tobacco, alcohol, gifts, and donations) | 19. \$ _____ |
| 20. Transportation (other than automobile) | 20. \$ _____ |
| 21. Auto expenses (gas, oil, repairs, insurance) | 21. \$ _____ |
| 22. Auto payments | 22. \$ _____ |
| 23. Installment payment(s) | 23. \$ _____ |
| 24. Other expenses (insert total and specify on additional sheet) | 24. \$ _____ |

Total Monthly Expenses \$ _____

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct.

Attorney's Signature

Wife/Mother's Signature

Attorney's Firm

Dated: _____, 20____
(Month) (Day) (Year).

Address _____
_____, _____

Phone (____) _____ - _____

Dated: _____, 20____
(Month) (Day) (Year).